

Gonadotoxins

✓ **Drugs:** The germinal epithelium a rapidly dividing tissue is susceptible to agents that interfere with cell division.

✓ **Drugs may cause infertility by**

- Direct toxic effect on spermatogenic cells.
- Directly inhibiting testosterone synthesis.
- Blocking peripheral androgen action.
- Inhibiting pituitary gonadotropin secretion.
- Enhancing estrogen levels.

Examples

1. **Ketoconazole, spironolactone and alcohol:** inhibit T synthesis.
2. **Cimetidine:** androgen antagonist.
3. **Marijuana and heroin:** lower T levels.
4. **Pesticides:** estrogen like activity.
5. **Chemotherapy.**
6. **Calcium channel blockers, sulfasalazine, colchicine, allopurinol, alpha-blockers, antipsychotics and antidepressants**

Environmental toxins

- 1- **Lead:** Chronic lead poisoning leads to erectile and ejaculatory problems as well as effects on fertility.
- 2- **Arsenic:** Chronic arsenic poisoning is associated with subfertility probably via replacement of phosphorus by arsenic during DNA synthesis.
- 3- **Cadmium:** replace zinc in DNA polymerase enzyme essential for sperm production
- 4- **Mercury:** Patients have been claimed to possess reduced fertility during their adult life results from mercury poisoning.
- 5- **Zinc:** Increase zinc level in seminal plasma has shown to cause coiling of sperm tail.
- ✓ 6- **Hydrocarbons and pesticides:** may negatively impact the sperm count and quality. Warmer

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- 6- **Hydrocarbons and pesticides:** may negatively impact the sperm count and quality. Warmer temperatures tend to hinder sperm production.

Radiation

Exposure may be:

1. Accidental.
2. Occupational.
3. Therapeutic for neoplastic and non-neoplastic disorders.

The effect of radiation on the testis is related to:

1. The dose of exposure.
2. The rate of exposure.

General physical examination
Local - Body weight
Breast - muscle
Its

3. Single exposure below 600 rad to germ cell damage is reversible, but above this level, permanent damage is likely. Spermatogenesis may recover in some men but it may take 2 to 3 yr.

4. Germ cells are sensitive to radiation so radiation affects the spermatogenesis within the seminiferous tubules. But the Leydig and Sertoli cell populations are radio-resistant.

Effects of radiation on hormones:

A- Reduction of testosterone level.

B- Rise of serum LH with increased number of Leydig cells in their testicular biopsies. These observations suggest that radiation might interfere with the Leydig cell function.

C- Post-radiation rise of FSH level. Elevated serum FSH levels reflect impaired spermatogenesis, which may return to normal with the recovery of spermatogenesis.

Plus factors in table 6-1

Table 6-2: Evaluation of Male Infertility

Many females find sexual intercourse more difficult due to

1. Discomfort associated with different sex positions.
2. Pelvic congestion.
3. Baby engagement in the pelvis.
4. On the other hand males find that penetration is limited and less satisfying.

In basic missionary position (male on top): the enlarged uterus compresses the veins in the back of her abdomen, thus reducing her blood pressure that may cause lightheadedness or nausea.

Oral sex positions

1. **Fellatio:** is oral sex involving a man's genitals.
2. **Cunnilingus:** is oral sex involving a woman's genitals.
3. **Sixty-nine:** Simultaneous oral sex between two people is called 69.

'Non-penetrative sex' or 'Outercourse'

1. **Intercrural sex, or interfemoral sex:** with the penis between the partner's thighs, perhaps rubbing the vulva, scrotum or perineum.
2. **Frottage:** two males mutually rubbing penises together.
3. **Tribadism or tribbing:** two females mutually rubbing vulvae together.
4. **Docking:** mutual masturbation by inserting the glans penis into the foreskin of another male's penis.
5. **Circle jerk:** group of males masturbating.
6. **Bukkake:** group of males masturbating and ejaculating on one person's face.
7. **Daisy chain:** group of men, women, or both, each performing oral sex on the next.

Finally, there are more than hundred sexual positions, not only the above mentioned basic sexual positions, People can **choose** between these basic sex positions and modify them according to their physical condition and for the sake of their comfort and satisfaction.

Sex therapy

Definition: It is a method of psychotherapy used for treatment of psychogenic dysfunctions of the sexual response in males and females.

It includes 3 basic items

1. Couples therapy.
2. Educational psychotherapy.
3. Behavioral psychotherapy.

Principle

1. Helping the individual to accept and feel comfortable with his or her own sexuality.
2. Helping the individual to initiate and maintain sexual relationship.
3. Helping the couple to improve quality of their sexual relationships.

Indications of sex therapy

1. Psychogenic disorders of the sexual response:

- **Desire phase:** Inhibited sexual desire.
- **Arousal phase:** ED, inhibited female arousal.
- **Orgasmic phase:** Premature ejaculation, male anorgasmia and female anorgasmia.

2. Sexual pain disorders:

- Vaginismus.
- Dyspareunia.

Contraindications to sex therapy

1. Single patients.
2. Sexual dysfunctions of pure organic etiology e.g. neurologic impotence.
3. Sexual dysfunction associated with psychiatric illness or in drug addicts'.
4. Sexual deviations.
5. Sexual dysfunction precipitated by marital infidelity.
6. Deep sexual conflicts either evident or revealed during the course of attempted sex therapy.
7. Poor motivation for therapy in one or both partners.
8. Physically ill partner e.g. heart failure, neoplasia, etc.
9. During pregnancy (sex therapy is postponed for 3 months after delivery).

Table 4-5: Outpatient sex therapy

Time	Description
First time	<ul style="list-style-type: none"> • Diagnosis of the sexual dysfunction. • Assessment for suitability for sex therapy. • Problem explanation to the patient. • Prescribing the first homework sexual task.
Second time	<ul style="list-style-type: none"> • Assessment of the results of the first homework sexual exercise. • Sex education. • Marital therapy. • Management of negative reactions to sex therapy. • Prescribing the second homework task if things are going well.
Subsequent times	<ul style="list-style-type: none"> • The same as second time plus • Assessment of the results of the previous homework sexual task.

le 4-6: Examples for Behavioral techniques

Masters and Johnson programme of sex therapy

- **Intensive therapy:** daily sessions and sexual tasks are carried out daily for a limited period of 2 weeks.
- **Leaving home:** Couples leave their home and live in other place nearby the sex clinic.
- **Co-therapist:** sex sessions are given by mixed gender co-therapists, a male and female.
- **Routine sensate focus:** the same routine and sequence of sexual tasks for all their patients, regardless of the sexual dysfunction.
- **Surrogate partners:** Single patients were provided with a paid stranger partner to participate in the sexual tasks.

Technique	Principle
Sensate focus	<p>Non-genital sensate focus: Caressing of all the body except the genitalia and female breast.</p> <p>Genital sensate focus: Besides body caressing the female breast and each partner's genitalia are included.</p>
Vaginal containment	<p>Vaginal containment without movement: Either the female-above position or the lateral position is used.</p> <p>Vaginal containment with movement: The couple introduce movement during vaginal containment and gradually progress to full sexual intercourse.</p>
Tease technique	Genital stimulation (penile or clitoral) is interspersed with caressing or other nongenital body areas.
The vibrator	Induce orgasm in female and male patients with absolute primary anorgasmia when self-masturbation fails.
Techniques for extravaginal ejaculatory control	<ul style="list-style-type: none"> • The stop start technique: first introduced by Semans. • The squeeze technique: introduced by Masters and Johnson (see premature ejaculation).
Vaginal dilatation technique	see female sexual dysfunction part

Sex education

This important subject has great impact not only on the future sexual behavior of teenagers, but also on understanding the etiologies of sexual disturbances in adults. Yet in many cultures, the subject is taboo, prohibited from discussion or even mentioning in conversation.

Definitions

1. **Burt**: the study of the characteristics of beings: a male and female. Such characteristics make up the person's sexuality.
2. **Leepson**: instruction in various physiological, psychological and sociological aspects of sexual response and reproduction.
3. **Kearney (2008)** "involving a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults, that will best protect the individual as a human and the family as a social institution."

Why is sex education so important?

1. Provide a framework for safe sexual health.
2. Encourage the development of sound, acceptable social and sexual skills.
3. Teach about the anatomy and physiology of male and female genitalia.
4. Discuss the risks and consequences of consensual and non-volitional sex.
5. Provide accurate information about the dangers of unprotected sexual activity.
6. It aims to present a true image of sex and to dispel all the misperceptions, taboos, and myths related to it, as these may play a major role in producing certain sexual disturbances later in life.

Who should be responsible for the sex education of children and adolescents?

1. Sex educators.
2. Parents.
3. Religious man.
4. Doctors.
5. Teachers.
6. Media.

How should parents answer their children's questions about sexual topics? Answers should be:

- Accurate, short and candid.
- Providing precise and simple information in exact terms (penis, vagina, uterus, and such) to explain sex organs, sexual behaviors and functions, and pregnancy.
- Educators should welcome all inquiries, even when they do not know all the answers or feel uncomfortable.

Table 4-7: Sex education in different age groups

Age group	Items
Young children	<ol style="list-style-type: none"> 1. Children start learning about sex at about the same time they start learning anything at all. 2. Pregnancy or birth is an excellent discussion opener when children are 4 or 5 years old. 3. Educators can teach them about sexual abuse without using scare tactics. 4. Educators may begin to teach respect for privacy. 5. Parents should set limits on their child's exposure to nudity with the opposite-sex parent.
Adolescents and young adults	<ol style="list-style-type: none"> 1. Negative consequences of adolescent sexual behavior. 2. Teen Pregnancy. 3. Sexual assaults. 4. STDs.
Adults	<ol style="list-style-type: none"> 1. Anatomy. 2. Sexual Response Cycle. 3. Mechanism of Erection. 4. Common sexual dysfunctions. 5. Contraception. 6. Self-examination. 7. STDs "Method of transmission and Prevention".
Old age (Late Life Sexuality)	<ul style="list-style-type: none"> • Effect of diseases. • Effect of drugs. • Effect of surgery.

What is non-volitional sex?

It means that someone is forced to have sex against his or her will. This abhorrent, immoral, dirty behavior violates a person's basic right to choose willingly whether to engage in sexual activity, with whom, and in what way.

The spectrum of non-volitional sex includes:

1. Rape.
2. Sexual abuse of children.
3. Sexual violence against prostitutes.
4. Sex trafficking.
5. Any other form of forced sexual activity.

Volitional sex and sexual health are basic human rights to be fully respected. All sex education should clearly establish a rigid prohibition against non-volitional sex. Educators and parents should stress to children and teenagers that non-volitional sex threatens physical and mental health and may have dire consequences for both participants. Principles to be taught and lived include advocacy for sexual rights, the importance of assuming full responsibility for one's sexual behavior, gender equality, and tolerance for persons with nonconventional sexual identities.

Ecstasy and agony

It is normal for every individual to be interested in and search for love and sex. Civilized man has molded his cultural temperament and lifestyle on ever expanding concepts of love, sex, and passion, endlessly cultivating these concepts to thrive and grow. But despite increasing sophistication, mankind continuously encounters physical, psychological, and social difficulties in the expression of sexual desire and aspirations. Problems related to sex have multiplied, and tragedies of failure occur in increasingly significant numbers.

Man and woman should be better prepared for the art of sex and love. Men and women deserve to regard and experience sex as a pleasurable act with an overt emotional display. It also has many physical and mental health benefits.

What are the health benefits of sex?

- Positive effect on decreased mortality.
- Lower incidence of fatal coronary artery disease.
- Lower risk of breast cancer in women and prostatic cancer in men.
- It also positively influences conception and pregnancy.
- It decreases the incidence of preeclampsia and preterm delivery.
- An increase in testosterone levels before and after sexual activity may contribute to the prevention of heart attacks.

Behavioral disorders

Gender identity disorder "Trans- sexualism- gender dysphoria"

Table 4-14: Gender terms

Item	Definition
Gender	The socially-defined "rules" and roles for men and women in a society. The attitudes, customs and values associated with gender are socially constructed
Gender expression	It refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, haircut and voice. Gender expression is not an indicator of sexual orientation .
Gender identity	How an individual identifies in terms of their gender. Since gender identity is internal, one's gender identity is not necessarily visible to others.
Cisgender	A term for when someone's gender identity/expression matches the gender they were assigned at birth.
Transgender	An umbrella term for people whose gender identify differs from the sex they were assigned at birth and/or whose gender expression do not match society's expectations with regard to gender roles.
Transition	the process when a person begins living as the gender with which they identify rather than the gender they were assigned at birth, which often may include changing one's first name and dressing and grooming differently. Transitioning may or may not also include medical and legal aspects, including taking hormones or having surgery
Two – spirit	A contemporary term that references historical multiple-gender traditions in many first nations' cultures. many native/first nations people who are lesbian, gay, bisexual, transgender, intersex, or gender non-conforming identify as two-spirit.

Sex and gender

Gender identity is the composite result of genetic, physical sex and individual characteristics as interpreted by society and the individual. It refers to how people feel themselves to be their sense of themselves as male or female. Even though gender identity is not fully determined by genetic or physical sex, it is very hard to change. For example, some men "feel" female even though their physical appearance is that of a normal male.

Every culture treats boys and girls differently and expects different behavior of men and women. Thus the difference we observe between men and women is only partly due to their biological sex; much of it is due to cultural expectations and learned experience. Cultural practices often seek to exaggerate the difference between men and women. For example, men may be encouraged to wear beards and women to shave any visible body hair, so that all men appear more hairy than all women. This constellation of factors associated with each sex is called **gender**. Women are generally expected to behave in a feminine way and men in a masculine way.

Understandings of gender are so deeply embedded in culture and language that it is very hard to distinguish between what is biological and what is cultural-indeed it is almost impossible, because even scientists studying the biology of sex use words and concepts that are formed by the gender understandings of their culture.

Table 4-15: Sex and gender: oppositional descriptions

Sexual features	Male	Female
Chromosome	Y present	Y absent
Gene	<i>SRY</i> active in Sertoli cell	<i>SRY</i> inactive
Gonads	Testis	Ovary
Gamete	spermatozoon	Oocyte
Hormone	Androgens and MIH	No Androgens and MIH
External phenotype	Penis and scrotum	Vulva and labia
Internal phenotype	Vas deferens, epididymis, etc.	Vagina, uterus, etc.
Gender attributes	Masculine	Feminine
Inter-/intra-gender interaction patterns	Pre- and proscribed contact and relational patterns	Distinctive patterns
Social role	Public, extrovert, in the workplace, powerful, forceful, outspoken	Private, domestic, powerless, quiet, care provider
Reproductive role	Disposable and transitory	Essential and enduring
Sexual role	Active and dominant	Passive, receptive, submissive
Work role	Rule setting and enforcing, leadership, military and ritualistic	Constructive, agricultural, food preparation domestic, creative, nurturing
Appearance	Characteristic and uniform hairstyle, body decoration, clothes	Characteristic and varying hairstyle, body decoration, clothes
Temperament and emotion	Competitive, combative, aggressive, ambitious, not expressive of vulnerable emotions	Cooperative, consensual, expressive, empathic, affectionate, emotionally free
Intellect and skills	Better mathematical and spatial skills, systematizing	Better linguistic skills, people oriented
Language used	Words reserved for use by men	Words reserved for use by women

Definition: It is used to describe persons who experience significant gender dysphoria (discontent with their biological sex and/or the gender they were assigned at birth).

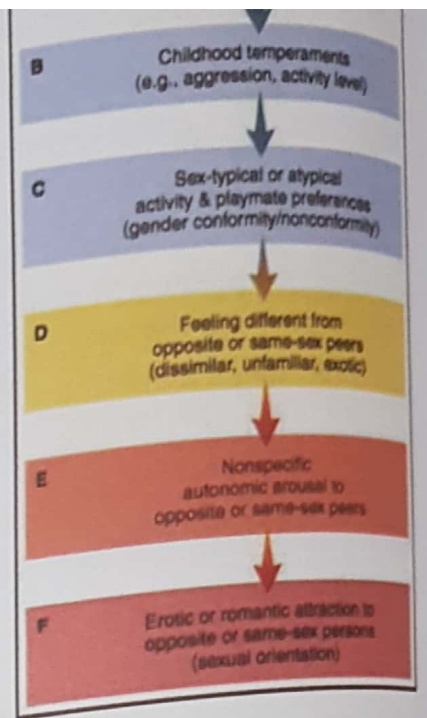
Causes

- Idiopathic "common cause".
- Genetic (chromosomal) abnormalities.
- Hormone imbalances during fetal and childhood development.
- Defects in normal human bonding and child rearing.
- Combination of these factors.

Prevalence

It is a rare disorder that affects children and adults. It can be evident in early childhood. The disorder occurs more often in males than in females.

Figure 4- 7: Sequence of events leading to sexual orientation



Nature of Gender Identity Disorder

- Goal is Not Sexual
- No Physical Abnormalities
- Independent of Sexual Arousal Patterns
- May be attracted to People with Desired Identity.

Symptoms of Gender Identity Disorder

Children with gender identity disorder often display the following symptoms:

- Expressed desire to be the opposite sex.
- Disgust with their own genitals.
- Belief that they will grow up to become the opposite sex.
- Rejection by their peer groups.
- Dressing and behaving in a manner typical of the opposite sex.
- Withdrawal from social interaction and activity.
- Feelings of isolation, depression, and anxiety.

Adults with gender identity disorder often display the following symptoms:

- Desire to live as a person of the opposite sex.
- Desire to be rid of their own genitals.
- Dressing and behaving in a manner typical of the opposite sex.
- Withdrawal from social interaction and activity.
- Feelings of isolation, depression and anxiety.

Diagnostic criteria

The American Psychiatric Association permits a diagnosis of gender identity disorder if the four diagnostic criteria. The criteria are:

- Long-standing and strong identification with another gender
- Long-standing disquiet about the sex assigned or a sense of incongruity in the gender-assigned role of that sex.

- The diagnosis is not made if the individual also has physical intersex characteristics.
- Significant clinical discomfort or impairment at work, social situations, or other important life areas.

The International Classification of Diseases (ICD-10) list three diagnostic criteria:
Transsexualism has three criteria:

1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment.
2. The transsexual identity has been present persistently for at least two years.
3. The disorder is not a symptom of another mental disorder or a chromosomal abnormality.

Complications

- A poor self-image.
- Social isolation.
- Emotional distress.
- Untreated, the disorder can also cause severe depression and anxiety, and can interfere with an individual's ability to function, leading to problems in school or work, or with developing relationships.

Treatment

Hormone replacement therapy (male-to-female) and Hormone replacement therapy (female-to-male)

- Individual and family counseling. Counseling focuses on treating the associated problems of depression and anxiety and on improving self-esteem. Therapy also aims at helping the individual function as well as possible within his or her biological gender.
- Gender reassignment surgery "sex change" operation.

Homosexuality

Table 4-16: Sexual terms

Item	Definition
Asexual	A person who does not experience sexual attraction but may experience other forms of attraction (e.g., intellectual, emotional).
Biological sex	The biological and physiological characteristics of males and females.
Bisexual	A person who is emotionally, physically and/or romantically attracted to some people of more than one gender.
Heterosexual /straight	A person who is emotionally, physically and/or romantically attracted to some members of another gender.
Intersex	A variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.
Pansexual	a person who is emotionally, physically and/or romantically attracted to some people regardless of that person's gender identity or biological sex.
Gay	A person who is emotionally, physically and/or romantically attracted to some other people of the same gender. Gay generally refers to male homosexuality
Heterosexism / Homophobia	Prejudice and/or discrimination against people who are or who are perceived to be lesbian, gay, bisexual, transgender or queer (LGBTQ). While homophobia is usually used to describe a blatant fear or hatred of LGBT people, heterosexism is a broader term used to describe attitudes and behaviors based on the belief that heterosexuality is the norm.
Lesbian	A woman who is emotionally, physically and/or romantically attracted to some other women. Lesbian refers only to female homosexuality. The word "lesbian" is derived from the name of the Greek island Lesbos, where the poet Sappho wrote largely about her emotional relationships with young women.
LGBT (or GLBT)	acronym that groups lesbian, gay, bisexual and transgender individuals into one group based on their common experience as targets of heterosexism and transphobia and their common, yet complex, struggle for sexual and gender freedom. This term is generally considered a more inclusive and affirming descriptor than the more limited "gay" or the outdated "homosexual."
anti-LGBTQ bias	Prejudice and/or discrimination against people who are or who are perceived to be lesbian, gay, bisexual, transgender or queer (LGBTQ).
Queer	An umbrella term used to refer to lesbian, gay, bisexual and transgender people. Some use as an alternative to "LGBT" in an effort to be more inclusive.
Straight ally	Any person outside the LGBTQ community who supports and stands up for the rights of LGBTQ people.
FTM/MTF	FTM refers to a person who transitions from "female-to-male," meaning a person who was assigned female at birth but identifies and lives as a male. MTF refers to a person who transitions from "male-to-female," meaning a person who was assigned male at birth, but identifies and lives as a female
Sexism	Prejudice and/or discrimination against people based on their real or perceived sex. Sexism is based on a belief (conscious or unconscious) that there is a natural order based on sex
Sexual orientation	<p>Sexual orientation: to which sex a person is attracted.</p> <p>Homosexual orientation: primary erotic psychological emotional and social orientation is to same sex either gay males or lesbian females.</p> <p>Bisexual orientation: attraction to both same & opposite sex partners.</p> <p>Heterosexual orientation: attraction to opposite sex partner.</p>

Definition: It is romantic and/or sexual attraction or behavior between members of the same sex or gender. Homosexuality is one of the three main categories of sexual orientation, along with bisexuality and heterosexuality, within the continuum. The most common adjectives in use are **lesbian** for women and **gay** for men, though **gay** can refer to either men or women. The word **homosexual** is a Greek and Latin hybrid with the first element derived from Greek **homos**, 'same' (not related to the Latin homo, 'man', as in **Homo sapiens**).

Etiology: Unknown may be:

- Genetic.
- Neurological.
- Hormonal "not proven".

Kinsey scale

The Kinsey scale attempts to describe a person's sexual history or episodes of their sexual activity at a given time. It uses a scale from 0, meaning exclusively heterosexual, to 6, meaning exclusively homosexual.

Table 4-17: Kinsey scaling

Score	Item
0	Exclusively heterosexual.
1	Predominately heterosexual accidentally homosexual.
2	Predominately heterosexual more than accidental homosexual.
3	Equal hetero and homosexual.
4	Predominately homosexual more than accidental homosexual.
5	Predominately homosexual accidental heterosexual.
6	Exclusively homosexual.

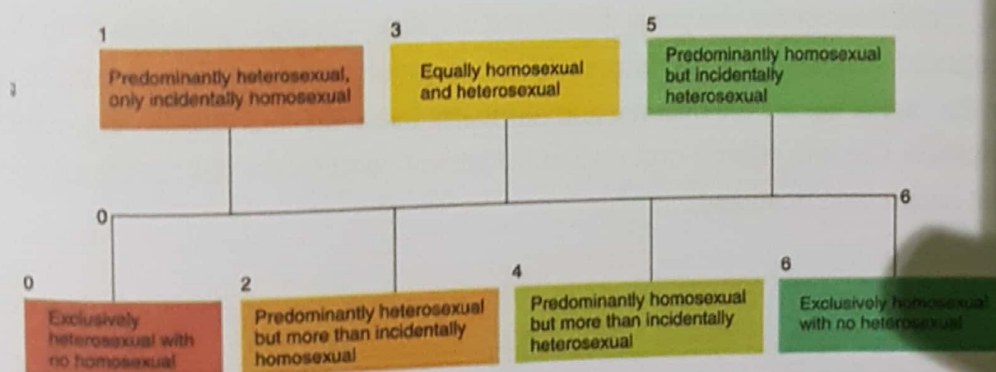


Figure 4-8: Kinsey's continuum of sexual orientation (Kinsey et al., 1948, p. 638)

Sexual identity development: "coming-out process"

Many people who feel attracted to members of their own sex have a so-called "coming out" at some point in their lives. Generally, coming out is described in three phases.

The first phase: is the phase of "knowing oneself," and the realization emerges that one is open to same-sex relations. This is often described as an internal coming out.

The second phase: involves one's decision to come out to others, e.g. family, friends, and/or colleagues.

The third phase: more generally involves living openly as an LGBT person.

The patterns of homosexual activities include:

1. Mutual masturbation.
2. Fellatio.
3. Rubbing bodies together.
4. Anal intercourse.

Patterns of homosexual activity in females include:

1. Mutual masturbation.
2. Cunnilingus (oral sex).
3. Body rubbing.
4. Use of dildos (artificial penises) for intravaginal stimulation.

Gay bowel syndrome

It is common disorder in homosexual men.

Pathogenesis

The erect penis is commonly 15 to 17 cm long with base diameter about 5cm. The anus is 1.5 to 3cm long and its muscular tone permits distention of only 2 to 3 cm. The rectum, lined with mucous membrane, is 12 to 15cm long and accommodates an erect penis.

During rectal intercourse, the penis dilates and displaces the anal sphincters from the usual positions. Continued stretching and displacement leads to problems in continence (control of gas and feces). While the vagina has a wide opening and lubricates itself, the anal canal is dry, requiring artificial lubrication. Chronic injuries occur when the patient continues rectal sex after an acute injury, without intervening treatment.

Clinical presentation

1. Chronic anal fissures.
2. Changes in continence.
3. Abscesses, fistulas, and hemorrhoids.
4. Hepatitis, infectious diarrheal diseases.
5. Enteric infections as giardiasis, amoebiasis, shigellosis and campylobacter enteritis are transmitted through anal intercourse followed by oral-anal or oral-genital contact.

Anus infundibuliformis

Habitual homosexuals practicing anal intercourse develop changes include:

1. Flattened perianal folds.
2. An anal sphincter which is patulous and relaxed to the exploring finger but has strong contractility.
3. Enlargement of the rectal ampulla.

Prognosis: it is good if:

1. Young age.
2. Presence of some heterosexual interest.
3. The patient desire for change the homosexual behavior.
4. Absence of other abnormal sexual orientation disorders.

Treatment: Psychotherapy

Incest: it is sexual intercourse between two members of the immediate family i.e. father daughter, father-son, mother-son, and brother- sister. Incest is prohibited by law, tradition, and religion.

Sexual Perversions (Paraphilias)

Definition: Derived from Greek roots meaning: **Para:** prefix means "alongside of" and **Philia:** suffix means love. **Paraphilia** is used to describe what used to be called sexual perversions.

DSM-IV definition: "sexual impulse disorders characterized by intensely arousing, recurrent sexual fantasies, urges and behaviors considered deviant with respect to cultural norms and that produce clinically significant distress or impairment in social, occupational or other important areas of psychosocial functioning."

American Journal of Psychiatry definition:

Paraphilia: "recurrent, intense sexually arousing fantasies, sexual urges or behaviors generally involving:

- Non-human objects.
- The suffering or humiliation of oneself or one's partner.
- Children.
- Non-consenting persons.

Causes

Psychogenic causes:

- Psychosexual trauma (sexual abuse).
- Sociocultural factors (Parents who humiliate and punish a small boy for strutting around with an erect penis).
- Fear of sexual performance or intimacy.
- Excessive alcohol intake.

Organic causes:

- Imbalance in certain brain chemicals e.g. dopamine, serotonin and norepinephrine may cause compulsive sexual behavior.
- Androgens are sex hormones that are present in men and women and play a role in sexual desire and libido.

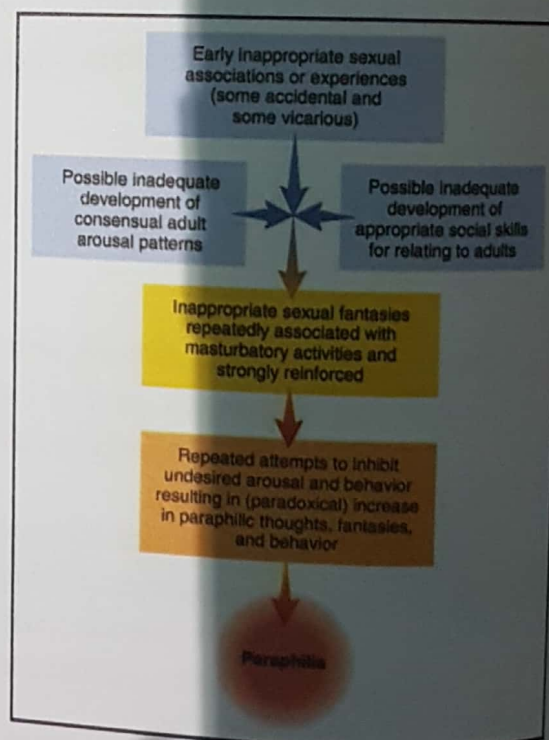


Figure 4-9: A model of the development of paraphilia

Paraphilias may be:

1. **Mild:** Patient is markedly distressed by the recurrent paraphiliac urges but has never acted on them.
2. **Moderate:** Patient has occasionally acted on the paraphiliac urge.
3. **Severe:** Patient has repeatedly acted on the urge.

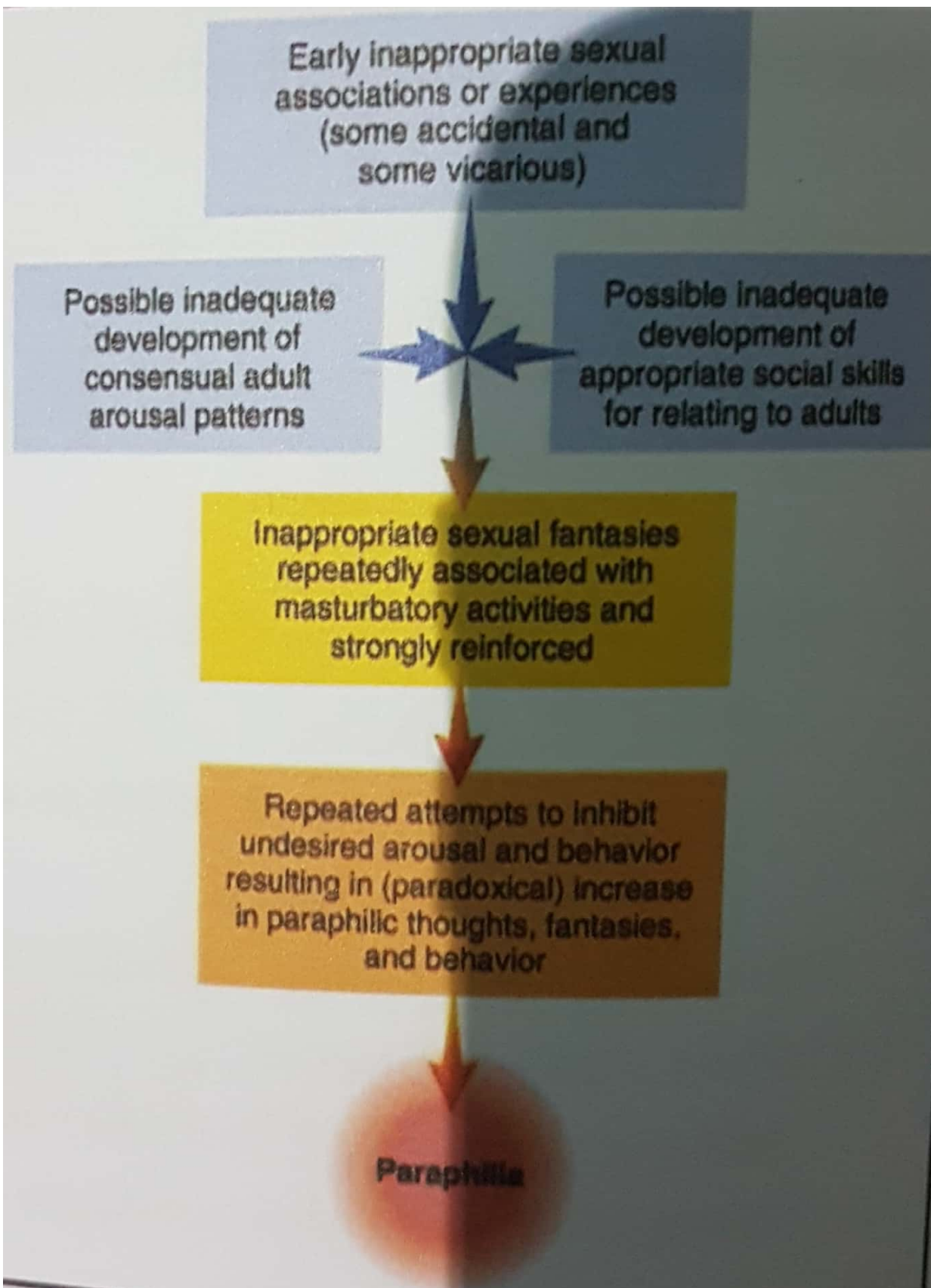


Figure 4-9: A model of the development of paraphilia

Table 4-18: The DSM provides clinical criteria for these paraphillias "types"

Type	Description
Exhibitionism: الاستعراضية	<p>The recurrent urge or behavior to expose one's genitals to an unsuspecting person or to perform sexual acts that can be watched by others.</p> <ul style="list-style-type: none"> Occurs mainly in males. Victims are usually females or children. The condition started at puberty, sometimes after 40.
Fetishism: التوثن (الفيتشية)	<ul style="list-style-type: none"> The use of inanimate "dead" objects to gain sexual excitement. Occurs mainly in males. The condition started early in life and tend to be chronic.
Frotteurism: الاحتكاك	<p>Recurrent urges of behavior of touching or rubbing against a non-consenting person.</p> <p>Patient</p> <ul style="list-style-type: none"> Frotteurism is the only source of pleasure. Patient feels alone. <p>Victim</p> <ul style="list-style-type: none"> Sexual attractive. Site of Frotteurism: thigh and buttocks and the patient feel he makes complete intercourse with the victim.
Pedophilia: الولع بالاطفال	<p>Strong sexual attraction to prepubescent children.</p> <p>Patient</p> <ul style="list-style-type: none"> Age less than 16 year or may be more. He is usually older than victim. Attracted to opposite sex victim. Usually kind with victim <p>Methods</p> <ul style="list-style-type: none"> Undressing the victim and masturbating. Victim touch and kissing. Licking of sexual organs of the victim. Intromission his finger in vagina or anus of the victim. Victims are usually closer to patient (e.g.: relatives).
Sexual Masochism: المازوخية	<p>The recurrent urge or behavior of wanting to be humiliated, beaten, bound or otherwise made to suffer for sexual pleasure.</p> <p>Examples:</p> <ul style="list-style-type: none"> Masking the face. Blow his face. Electric shock.
Sexual Sadism: المادية الجنسية	<ul style="list-style-type: none"> The recurrent urge or behavior involving acts in which the pain or humiliation of a person is sexually exciting. Chronic condition. The patient may be danger and kill his partner.

Type	Description
Transvestic fetishism: التوثين المتحول الزى	<ul style="list-style-type: none"> • Arousal from wearing "clothing associated with members of the opposite sex." • Affects mainly males. • Started early in life. • Started wearing one piece of clothes then complete.
Voyeurism: التبصص	The recurrent urge or behavior to observe an unsuspecting person who is naked, disrobing, or engaging in sexual activities, or who is engaging in activities usually considered being of a private nature.
Unclassifiable paraphilic sexual interests	
<ol style="list-style-type: none"> 1. Telephone scatologia: الاثارة من خلال التليفون 2. Necrophilia: الولوج بالموتى 3. Zoophilia: الولوج بالحيوانات 4. Coprophilia (feces): الولوج بالبراز 5. Klismaphilia (enemas): الولوج بالحقنة الشرجية 6. Urophilia (urine): الولوج بالبول 7. Emetophilia (vomit): الولوج بالقىء 8. Partialism (exclusive focus on one part of the body): الولوج بجزء معين من الجسم 	

Diagnosis

- Paraphiliacs apparently rarely seek treatment unless they are induced into it by an arrest or discovery by a family member. This makes diagnosis before a confrontation very difficult.
- Paraphiliacs may select an occupation or develop a hobby or volunteer work that puts them in contact with the desired erotic stimuli, for example, selling women's shoes or lingerie in fetishism or working with children in pedophilia.

Treatment

Aversion imagery technique:

It involves the pairing of a sexually arousing paraphilic stimulus with an unpleasant image, such as being arrested or having one's name appear in the newspaper.

Social skills training

It is used with either of the other approaches and are aimed at improving a person's ability to form interpersonal relationships.

Desensitization procedures

It neutralize the anxiety-provoking aspects of non-paraphilic sexual situations and behavior by a process of gradual exposure. For example, a man afraid of having sexual contact with women his own age might be led through a series of relaxation procedures aimed at reducing his anxiety.

Medical

1. **Antiandrogens:** It lowers testosterone temporarily, Example: Cyproterone acetate: inhibits testosterone directly at androgen receptor sites. In its oral form, the usual prescribed dosage range is 50-200 mg per day.
2. **Serotonergics:** It boosts levels of the brain chemical serotonin. E.g. fluoxetine.

N.B

- **Alloerotic:** Sexual attraction to others (as opposed to autoerotic).
- **Androphilia:** Sexual interest in men.
- **Analloerotic:** Lacking in sexual interests towards others (but not lacking in sexual drive).
- **Ephebophilia:** Sexual preference for individuals in mid-to-late adolescence, typically ages 15-19.
- **Gynephilia:** Sexual interest in women.
- **Teleiophilia:** Sexual interest in adults (opposed to pedophilia)